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## Research Spotlight

11:00 AM - 12:00 PM

## PSYCHOSOCIAL PROTECTIVE INTERVENTIONS FOR AFRICAN AMERICAN FEMALE BREAST CANCER SURVIVORS: A SYSTEMATIC INTEGRATIVE REVIEW

Talya Gordon, B.S.<sup>1</sup>, Alyssa T. Brooks, PhD<sup>2</sup>, Lena J. Lee, PhD<sup>3</sup>, Nedelina Tchangalova, MLS, AHIP<sup>4</sup><sup>1</sup>National Institutes of Health Clinical Center: Nursing Research and Translational Science, Washington, DC; <sup>2</sup>NIH Clinical Center, Bethesda, MD;<sup>3</sup>National Institutes of Health Clinical Center, Bethesda, MD; <sup>4</sup>University of Maryland Libraries, College Park, MD

**Background:** Despite the higher incidence rate of breast cancer among African American women compared to their White counterparts, this populations' five-year survival rate has increased in recent years. The growing number of African American breast cancer survivors highlights the need for culturally-appropriate psychosocial interventions to improve survivors' quality of life and psychosocial wellbeing.

**Objective:** This systematic integrative review provides an overview of the current research-based psychosocial interventions for African American breast cancer survivors supplemented by an overview of the qualitative studies focusing on psychosocial wellbeing.

**Methods:** Utilizing the evidence-based PEO framework, a search of five databases was conducted for English-language articles published between 2013–2020: Pubmed, Academic Search Ultimate, CINAHL, PsycINFO, and Web of Science. Studies were excluded if there was a lack of primary data collection or if the population in the study was not identified as African American female breast cancer survivors. The seven interventions and twenty-one qualitative studies included in the final analysis underwent data extraction, critical appraisal using SRQR and STROBE checklists, and thematic analysis.

**Results:** Twenty-eight studies were identified in the search, including seven interventions and twenty-one qualitative studies. Analysis of the interventions revealed the importance of alleviating structural barriers and including peer support for African American breast cancer survivors. Analysis of the qualitative studies revealed five main themes: 1) spirituality and religion as a protective factor, 2) social support as a protective factor, 3) cultural perceptions of breast cancer, 4) negative impacts of treatment, and 5) healthcare system experience.

**Conclusion:** While study designs differed in the interventions, this review showed the critical need for culturally competent psychoeducational interventions for African American breast cancer survivors to improve this population's psychological wellbeing. The qualitative research highlighted the importance of spirituality and social support as protective factors for African American breast cancer survivors' psychological wellbeing. Further research using rigorous methodologies and transparent reporting practices is needed to further evaluate how to most effectively alleviate structural barriers that African American breast cancer survivors face.

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## Research Talk

11:00 AM - 12:00 PM

## PUBLIC ATTITUDES ON HARM REDUCTION FOR OPIOID USE DISORDER

Övgü Kaynak, PhD<sup>1</sup>, Christopher R. Whipple, PhD<sup>1</sup>, Joe A. Grossman, BA<sup>2</sup>, Jordan G. Lewis, PhD<sup>3</sup>, Victoria R. Bosman, MS<sup>4</sup>, Joe Smyser, PhD<sup>5</sup>, Weston Kensinger, PhD<sup>6</sup><sup>1</sup>Penn State Harrisburg, Middletown, PA; <sup>2</sup>Penn State Harrisburg, Alliance, OH;<sup>3</sup>PA Department of Drug and Alcohol Programs, Harrisburg, PA; <sup>4</sup>Pennsylvania Department of Drug and Alcohol Programs, Harrisburg, PA; <sup>5</sup>Public Good Projects, New York, NY; <sup>6</sup>The Pennsylvania State University, Middletown, PA

**Introduction:** Stigma towards opioid use disorder (OUD) impacts every facet of the disorder, from individual health and recovery, to provision of treatment and resources, to policymaking. The current opioid epidemic has made some impact on public attitudes about those struggling with OUD, but one area that continues to lag is support for harm reduction. The current study examines public attitudes of OUD stigma related to harm reduction.

**Methods:** Data for the study came from a sample (N=1,033) of adults collected prior to the launch of a statewide OUD stigma reduction campaign. The survey used a quota-based invitation system to produce a representative sample by region and, separately, by age/sex combined categories. The sample was weighted to ensure that it more accurately reflected other demographic characteristics (i.e., race, education, location). The survey asked questions regarding attitudes related to general views on OUD; positions towards OUD policy; public stigma; and self-stigma.

**Results:** Nearly 60% of respondents agreed that OUD is an issue in their community. The majority (78.7%) agreed that there are effective treatments for individuals with an OUD and 68.5% agreed that long-term recovery from OUD is possible. About one-third indicated that they would prefer not to have treatment centers near their home. Of all harm reduction policies, respondents were most supportive of the availability of naloxone. Over half (58%) agreed that naloxone distribution should be available, half stated they would be willing to obtain naloxone, and two-thirds would be willing to provide naloxone to friends or family members of people with an OUD. Only 38.5% supported the availability of safe injection facilities. Support varied by location (29.2% of rural respondents vs. 41.9% of urban respondents). There was more support for needle exchange programs with just under half (47.8%) agreeing that they should be made available. Similarly, 47.5% agreed that fentanyl test strips should be available.

**Conclusions:** Support for some types of harm reduction has improved, but there is still work to be done. Public support for safe injection facilities continues to be low, despite consistent findings related to their positive public health impact. Results will be discussed within the context of an active statewide stigma reduction campaign.

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